

ELDERLY HEALTH CARE PROCESS BY COMMUNITY PARTICIPATION: A SUB-DISTRICT IN THE LOWER NORTHERN REGION OF THAILAND

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Abstract

The objective of this qualitative research was to study the elderly health care process by community participation. Data were collected by quality research methods, including secondary data study, observation, in-depth interviews, and focus group discussions and analyzed by content analysis, reflection and review of information. The research results pointed out that the important elderly health care process by community participation consisted of 2 parts, namely the community participation development process in elderly health care and the outcomes from the participation development process. The community participation development process consisted of 4 steps as follows: 1) Building the leader team, an important social capital of the community, which started from searching for both formal and informal leaders by giving the opportunity for public participation and creating clear agreements defining roles, duties and responsibilities; 2) investigating the problems and the needs of the community, 3) designing the elderly health care activities under the concept of self-care potential development of the elderly through participation in community forums and meetings to exchange knowledge with common goals, plans and operation and 4) the development process of sustainable health care agreement at the local level, starting from opening communication channels to create awareness and participation in various activities at both individual and group levels as well as pushing activities / projects into the community development plan consistent with the local administration policy. The outcomes from the participation development process were as follows. 1) There was the integration of the elderly for doing the elderly health care activities / projects in the community managed by the elderly themselves. 2) The service system was changed from the passive to the proactive one, focusing on health promotion rather than treating diseases or illnesses. 3) The registered nurses / the public health officers can provide care for the elderly with chronic illnesses through the implementation of activities / projects of elderly health care so that the elderly can access to the services more. 4) The local government organization became the main mechanism in driving the elderly health care process by community participation.

Keywords: Elderly health care process, community participation

Introduction

According to the situation of the aging population structure in the past 10 years in Thailand, the number and the proportion of the population aged 60 years and over increased to 9.2% in 2000 and it was expected that in 2019 the proportion would increase to 15.3%. (Bureau of Policy and Strategy, Health Ministry of Public Health, Thailand, 2019; Sorakrij, 2016; Department of Health, Bureau of Health Ministry of Public Health, Thailand, 2016). This indicates that at present, Thai society is entering the aging society. Therefore, developing the elderly health care system in the community is important, and it requires cooperation from many sectors to effectively drive the implementation. So, it is necessary to develop the community potential in providing care for the elderly in terms of policy, mechanism and management in the area with the coordination mechanism at the provincial, district or sub-district levels. Work standards and work indicators must be specified for enhancing the community potential in providing care for the elderly. Also, Sub-district Health Promoting Hospitals, the leaders in the area and the village health volunteers must be the leaders in the management and provision of the services. The organizations in the community and the local administrative organizations have to provide support. (Fetterman, 2019; Creswell & Poth, 2016; Nuntaboot, 2013; Poonthawe, 2017; Phinyoo, 2013). The operation needs cooperation from the local government organizations, health service units, the elderly group and related mechanisms in order to be the center of the community potential in caring for the elderly. It is also the way to promote and support families, community organizations and elderly health care volunteers in the community to have the ability to take care of the elderly appropriately. Another important thing is encouraging the elderly to live as long as possible without dependence, focusing on disease prevention strategies together with appropriate health promotion, promoting the elderly to have healthy physical and psychological conditions. The elderly in the community must be developed and promoted so that they have good quality of life and are able to adapt to any changes. The knowledge and the experiences of the elderly should be used and preserved as the national treasury to benefit society and nation. Also, the population of all ages and groups must be prepared to enter the aging society properly. In addition, the social systems and mechanisms supporting people in society to live with stability, happiness and good quality of life must also be created. (National Research Council of Thailand, 2019; National Seniors Council, Aging Funds, Foundation of Thai Gerontology Research and Development Institute; 2012) Wang Tha Di Sub-district has a total population of 6,180 people, including 3,120 males and 3,152 females. There are 1,422 households, with a total of 805 elderly population: 357 males and 458 females, accounted for 12.98% (Wang Tha Di Sub-district Administrative Organization, 2018). The elderly in the sub-district have both physical health and mental health problems. Most of the physical health problems are chronic diseases, including high blood pressure and diabetes. The elderly are constantly receiving treatment for chronic diseases, but they are not able to control the symptoms of

the disease well. The mental health problem that is still a major problem is depression because most elderly people live alone at home and do not have caregivers, making them feel lonely. Therefore, this is the starting point for the development of the elderly health care process by community participation with the aim to be the activities / projects that provide holistic care for the elderly, including physical, mental and social aspects covering health promotion, illness prevention, maintenance and rehabilitation by expecting the elderly to be able to rely on themselves, and also benefit people around and society. Organizing elderly health care activities / projects begins with building a good relationship among the officers of local administrative organizations, Sub-District Health Promoting Hospital, village headmen, and village health volunteers who are important parties. Therefore, the researcher was interested in studying the process of building participation and the outcomes from the community participation building process through activities / projects to support the development of the elderly health care system by the local community in the lower northern region according to the concept of building community participation of Nuntaboot (2017) using the 4 main working processes in the community as follows: 1) the process of searching for and using community capital, 2) the process of studying the problems and the needs of the community, 3) the process of designing area-based community health care and 4) the process of local health policy development.

The aim of this study, which were examined the process and the outcomes from the community participation building process to support the development of the elderly health care system in the lower northern region using the 4 main working processes in the community.

Methods

This qualitative research was conducted at a sub-district in 9 villages in the lower northern region of Thailand. According to the social and cultural basis, people in the community form groups to support each other in terms of health and lifestyle. Data were collected from December 2019 to May 2020.

Population and samples. The informants in this study were selected by a purposive sampling method. They were 40 informants, which were divided into 2 groups. (1) The key informants were the registered nurses or the public health officers from Sub-district Health Promotion Hospital, the Chief Executive of Sub-district Administrative Organization, the principal and the teachers of the Elderly School, the community leaders, the village Headmen, the elderly health care volunteers, the village health volunteers, the elderly club, the strong community leaders, the leaders of social groups, the occupational groups and the leaders of various funds. 2) The secondary informants included those who had been trained to help the elderly, the assisted social group members, the caregivers who are family members, the people receiving care and support to show their potential, such as the Sub-District Administrative Organization officers and the elderly in the Elderly School.

Samples' right protection. Human dignity, benefits, justice and accuracy were taken into account. Once the project was approved by Naresuan University Regional Research Ethics Committee with IRB No. 62-0981, the researcher requested permission to conduct the study in the area and asked for cooperation from the informants. The researcher carefully asked the questions and the informants told their stories. Any questions the informants did not feel comfortable to answer can be rejected without any effects. Also, the information was presented as a whole.

Data collection and research tools .Several methods, namely note taking, interviews, focus group discussions, audio recording and photographing were employed for collecting data. The data were collected for 6 months from December 2019 to May 2020. The researcher collected data from the following sources. Data collection was performed by (1) participant observation and non-participant observation by observing the community activities, including physical characteristics, activities, community events, gathering of people involved in the elderly care, (2) in-depth interviews, (3) focus group discussions with the local leaders, the leaders of community organizations and the volunteers in order to review the information on work and activities involved in caring for the elderly, (4) document study by studying the available information under the community actions, including population data, civil registration, Thailand community network appraisal program (TCNAP), Rapid Ethnographic Community Assessment Process (RECAP) operated by the community and checked and updated every year and other information available in the community, such as basic necessity information, basic information at the village level, the information of subsistence allowance, the information of the needy in need of assistance and the health information from Tambon Health Promoting Hospital.

Data analysis. Data were analyzed by content analysis and thematically analysis by using a variety of data collection instruments. The data were also compared for accuracy and reliability by summarizing in a table and a mind mapping. The accuracy and the reliability of the data were verified by reviewing the data with each informant and verification of ideas was done with all informants through the group process.

Results

The study results included 1) the context of the area, 2) the processes or methods of building community participation, and 3) the outcomes resulting from the community participation building process.

The context of the area. Wang Tha Di Sub-district has a total population is 6,180 people: 3,120 males and 3,152 females. There are 1,422 households, with a total of 805 elderly population: 357 males, 458 females. The proportion of the elderly per total population is 12.98%. There are 9 villages, Wang Tha Di Sub-district is a traditional rural society. Many groups of immigrants have settled down

there. They have lived in the area with kinship relationship, helping each other based on the kinship system and family relationships. They have loved the place and lived together with warmth and unity for a long time. Until now, many people from different sub-districts and regions have relocated to live in the sub-district due to the geographical features of the area that are suitable for doing agriculture. There are water sources and it is a non-flooding area suitable for animal husbandry. So, many immigrants have moved to live in the area. For this reason, diversity is a cultural charm. There is an exchange of knowledge in the community. There are differences in dialects, such as Lom and central Thai dialects. But, they have learned together and created mutual acceptance. In terms of welfare, there is the community welfare. The organizations providing help are Wang Tha Di Sub-district Administrative Organization, Provincial Social Development and Human Security. Fundraising is also organized for the elderly who study in the Elderly School of Wang Tha Di Sub-district Administrative Organization. Ten baht is collected from each older person every Friday and this money is used for helping the elderly studying in the Elderly School who are sick.

The health problems of the elderly include brain diseases, high blood pressure, Dyslipidemia, diabetes, obesity, heart disease, stress, lack of exercise, smoking, family history with brain diseases and degeneration of brain cells. These health problems are mostly found in people over 60 years old. The brain diseases that are more common in the elderly include Alzheimer's, dementia and paralysis, or stroke, diabetes, causing various symptoms such as frequent urination and thirst, drinking plenty of water at a time, fatigue, weight loss for no reason. These also may result in complications such as blurred vision or blindness, kidney deterioration, numbness along the tip of the hand and toe. They may also be easily infected and have hypertension, urinary system diseases in the elderly men, prostate cancer which is most common in men aged 60 years and over, macular degeneration, cataract, glaucoma and vitreous degeneration, which are caused by many reasons. But most of the causes of eye diseases are degeneration due to older age, resulting in vision impairment.

In terms of elderly health care, Wang Tha Di Subdistrict Administrative Organization provides health services by establishing the Day Care. There are health officers providing services at Sub-district Health Promoting Hospital. There is also a service unit. The emergency vehicle service is also provided for 24 hours. There are groups of the elderly health care volunteers and the village health volunteers responsible for providing health care to the people in the community, especially the elderly. This is to help each other within the community, especially caring for the elderly who are sick at home, or the bed-bound elderly who are unable to take care of themselves. Wang Tha Di Subdistrict Administrative Organization has a health service unit, which is Ban Klang Subdistrict Health Promoting Hospital. The network for health care of the people in Wang Tha Di Sub-district is also created. The elderly health care volunteers, the village health volunteers and other public health agencies provide health care services such as screening for the visually impaired, bone mineral density test and cataract screening. Wang Tha Di Sub-district

Administrative Organization provides assistance and facilitates the delivery service from home to both the hospital in the district and in Phetchabun Province. In terms of health care innovation, there is an integration of 3 different color flags, which separate the elderly into 3 categories according to the flag's color as follows. 1) Green represents the well elders. 2) Yellow represents the elderly with chronic illnesses, 3) Red represents the bed-bound elderly who are unable to take care of themselves and require special care. In addition to the three colors, there is also an innovation of drinking Pae Tum Pung Tea, which has medicinal properties, especially for the prevention of amnesia in the elderly.

The processes or methods of building community participation and the outcomes resulting from the Community participation building process

a) The process of searching for and using social capital to build participation in elderly health care in the community was as follows. The registered nurses working at Sub-district Health Promoting Hospital analyzed the feasibility of organizing activities by studying the context of the area, population data and the plans of Sub-district Administrative Organization to find out the needs of the officers working in the area such as public health officers, the Chief Executive of Sub-district Administrative Organization and look for the capital for organizing the activities, namely human capital (individual capital, group / organizational capital, resource capital, village-level capital, community-level capital, network-level capital, 6 levels of social capital) budgets and environmental capital.

Human capital: The first capital that came to mind was human capital which was an important mechanism in operation. The registered nurses and the officers working at Sub-district Health Promoting Hospital searched for human capital from leaders, great people, important people and respected people in the community. It was also opened for the people in the community with public mind, working to build a team to implement activities / projects. The working team was allowed to participate in the operation of activities / projects in every step. Positions and responsibilities were clearly assigned for all officers. The relationships with the elderly living in the area were built. The working team observed, talked, met and socialized with the elderly respected by local people such as the retired teachers and asked from cooperation from the elder persons who are the chairman of each village and the elderly in the Elderly School.

“In order to do the elderly care activities / projects, the feasibility must be studied first to see if they can be done; if there is someone help me do this; if there is the budget for the management; and if others will agree with this operation. Many things must be considered. We have to approach to them, not waiting for him to come to us. If not, the activities / projects definitely cannot happen.”
(Registered nurse)

“Elderly care as well as quality of life is already one of the missions of the local government organization. As the Chief Executive of Sub-district Administrative Organization, I am pleased to give support and cooperation for elderly care so that the elderly in Wang Tha Di Sub-district have good health and quality of life.” (Chief Executive of Sub-district Administrative Organization)

“I have seen that the doctors are real working persons. When they ask for cooperation, I am willing to help and the elderly health care activities / projects are discussed in the monthly meeting.” (Village headman)

“Community health care, especially for the elderly is one of the responsibilities that we have to help the doctors to do. When the elderly health care activities / projects are organized, I am happy to help because I think it is part of my routine work. Also, in doing this, I will be more accepted by the elderly. ” (Village health volunteer)

Financial capital: The fund used to operate the activities / projects in the first phase was supported by Sub-district Administrative Organization as the Sub-district Health Promoting Hospital officers proposed the activities / projects to the Chief Executive of Sub-district Administrative Organization to ask for financial support. After implementing the activities / projects for a period of time, it was funded by the leaders of various groups.

“When the doctor talked about the activities / health care projects for the elderly care in the community, I felt that they were good activities / projects. So, I asked the doctor to write the proposal of the activities / projects. I am happy to help with everything, regardless of budget or facilities.” (Chief Executive of Sub-district Administrative Organization)

Environmental capital: The venues for organizing the elderly health care activities / projects in the sub-district were convenient for traveling and people in the community knew them very well. They were also equipped with equipment and facilities.

“The venue for organizing activities must be appropriate for the activities being held. For example, the ceremony of watering and blessing for the elderly on Songkran Day was held at the front of the Sub-district Administrative Organization. The activities on Buddhist Lent Day were organized at the temples. The activity for the elderly to tell stories to children on the Children’s Day was held at a school. The request for permission to use these venues were approved by the Chief Executive of Sub-district Administrative Organization, the Abbot of Baan Klang Temple, the principal of Baan Klang School, the teachers of Ban Wang Tha Di School, the teachers of Wang Tha Di Sub-district Non-Formal Education Center and the teachers of Wang Tha Di Sub-district Children Center .” (Sub-district Health Promoting Hospital officer)

The details of the use of social capital can be described as follows. Firstly, the registered nurses were the initiators of the activities / projects, and asked for the budget to support the activities / projects from Sub-district Administrative Organization and were the coordinators in organizing activities such

as inviting the speakers to give knowledge, submitting an invitation letter to the elderly to attend the activities each month. They also participated in every activity. Secondly, the administrators of Sub-district Administrative Organization were the sponsors of budget, venues and facilitated activities such as organizing shuttle bus to pick up the elderly participating in the activities. They also participated in the activities every time. Thirdly, the village headman and the village health volunteers were the communication connectors between the elderly in the community and the officers of Sub-district Administrative Organization community and Sub-district Health Promoting Hospital. They would alert the elderly before the date of the activities to allow the elderly to prepare for the activities. They also participated in every activity. Next, the schools facilitated location and helped to organize activities such as having the elderly tell stories to the children on the Children's Day in order to make the elderly and children more connected. Lastly, the monks held Kathin ceremony and gave some money to support the elderly activities / projects and allowed to use the temple facilities for the activities as appropriate.

“ I am aware of the importance of ensuring the stability and sustainability of the elderly care activities / projects. All activities were organized by community participation and support from many agencies in the sub-district as well as the government organizations and the private sector. The activities were organized to encourage the public sector to play a role in self-care more.” (Registered nurse)

“I think that the elderly care activities / projects could be sustainable not because of my approval for the budget for organizing activities. But, it must be from the approval, the needs and the cooperation in participating in the activities of the people in the community.” (Chief Executive of Sub-district Administrative Organization)

b) The process of studying the problems and the needs of the community and designing the area-based health care activities was operated under the principles of the community self-care, aiming to develop the self-care potential of the elderly, focusing on the activities responding to the needs of the community. The registered nurses and the Sub-district Health Promoting Hospital officers assigned the team, including the leaders and the people with public mind to participate in every activity process.

Learning by doing: The registered nurses and the Sub-district Health Promoting Hospital officers were the mentors in the analysis of the problems, the causes and the activities used to solve the problems. A team meeting was held every month. In organizing each activity, the community forum was organized to draw the group's conclusions on the desired activities. The needs for elderly care were synthesized in the community. The problems and the needs of the community were recognized and understood. The goals were set. The plans and the operations were implemented together with

directions. As a result, many elderly health care activities / projects became the center of health promotion activities in various fields.

Capacity development: The attitudes and the thinking of individuals were adjusted. The villagers were empowered to ensure that they can take care of their health through the activities of study trips and exchanging experiences both in and outside the community. Group discussions were also held to exchange ideas about problems, obstacles and solutions in the operations.

Creating an environment conducive to activities: The shuttle bus service was provided to those wishing to participate in the activities but cannot travel to the venues on their own.

“I am very happy to participate in these activities / projects. I can do activities with friends such as exercising together and going out with friends. I always wait for participating in the activities / projects every month. If my children cannot take me to participate in the activities, I will tell the doctor about this problem. Then the doctor will tell the Chief Executive of Sub-district Administrative Organization to use the car of Sub-district Administrative Organization to pick me up.” (The elderly)

Using the relationships with the local people to make the operations easier: Organizing elderly care activities / projects did not focus on physical care alone, but also a variety of activities. The activities were also integrated with local wisdom which can respond to physical, mental and social care of the elderly in 3 ways: 1) the needs for basic daily necessities such as bathing, eating, excretion and rest; 2) the needs for medical care according to the illnesses such as body temperature measurement, blood pressure measurement, tube feeding and wound dressing and 3) the needs for psychological and social care such as being company and taking the elderly outside. These are the services that all of the elderly can access to. The annual health week for the elderly, the sermon listening activity, the activity of telling stories to children by the elderly (Children's Day) and the family day activities (Songkran Day), namely water blessings for the elderly and singing Pleng-choy (traditional Thai folk songs) were also organized. There were only 20 members when the elderly care activities / projects organized in the early stages. Cooperation was not much gained. But, after 6 months, the number of the members increased. There were 114 members out of the total number of 805 elderly people. At present, the elderly care activities / projects are organized weekly. It is held on Friday of every week.

“The elderly care activities / projects play an important role in being the center of health promotion activities. It is the center of information for opening the world of ideas and exchanging life experiences among members. The members are also encouraged to spend their free time together. It is also the center for charity and special occasion activities. The members have helped in various public works.” (Sub-district Health Promoting Hospital officer)

c) The process of agreement or local policy development for elderly health care in the community used effective communication at the individual, group, organization, village, community and network levels in many ways. For example, communication was done through various channels and media by making the most of available media and considering the suitability of the content and the environment such as word of mouth, publication of public announcements, a village broadcast tower, telephone, using language easy to understand and not complex than the level recognition of the recipients, creating the right atmosphere in communication and friendly and warm atmosphere in a continuous and consistent manner. The elderly health care activities / projects developed rules agreements through organizing activities using the group process. The meeting was held every month. The community forum was used to reach a consensus conclusion. There was an effort to push the activities / projects into the plan of Sub-district Administrative Organization with the development of strategies and approaches in 3 years (2018-2020) (Wang Tha Di Subdistrict Administrative Organization, 2018), consistent with the plan of Phetchabun Province and the plan of Wang Tha Di Sub-district Administrative Organization.

“I think that the elderly health care activities / projects are good and I will put these activities / projects in the public health development plan of Sub-district Administrative Organization in every fiscal year.” (Chief Executive of Sub-district Administrative Organization)

These activities / projects were operated for about 6 months but they gained cooperation and support from all sectors both inside and outside the organization. In addition, the members formed various forms of agreement such as the agreement among the elderly, the agreement between the elderly and the caregivers, the agreements between the elderly and the Sub-district Health Promoting Hospital officers and the Sub-district Administrative Organization officers responsible for the elderly work, namely community developers, community welfare officers and public health officers. The activities were organized every month to ensure consistency and continuity. The organized activities were the consensus from the community forum of the elderly participating in the activities / projects. This study found that the key factors for the successful implementation of the elderly care activities / projects were as follows.

The working team: All staff cooperated in the operation and work in the same direction and supported one another. The cooperation from the community was gained so that the operation can be accomplished. In this case, the Chief Executive of Sub-district Administrative Organization was strong and interested in participating in the development of the elderly care activities. The Chief Executive of Sub-district Administrative Organization always participated in the activities organized for the elderly and facilitated the elderly as much as possible. Sub-district Administrative Organization also supported for resources and budgets.

The work system conducive to working: The workload and the number of personnel were appropriate. Communication among the relevant team was also important, such as the communication of the public health officers within their team, the communication of the public health officers with the Sub-district Administrative Organization team and with the community committee team as well as the elderly in the community.

The needs arising from the real needs of the people in the community: This helped create sustainability. The people in the community were the real host. It would time to work together to gain trust, leading to a variety of activities consistent with local lifestyle. The design of activities focused on building relationships with many fun activities until the activities / projects began to be strong and continuous and there were more members that can design care activities for the elderly with chronic illnesses combined with the promotion of the elderly health care.

The outcomes resulting from community participation building process

- a) The elderly health care activities / projects was implemented for approximately 6 months, resulting in the integration of the elderly groups. For this reason, the elderly health care activities / projects in the community were strengthened through the management by the elderly themselves.
- b) The service system was changed from passive to proactive one, focusing on health promotion rather than treating diseases or illnesses.
- c) The local government organization became the main mechanism in driving the elderly health care process by community participation.
- d) The registered nurses / the public health officers can provide care for the elderly with chronic illnesses through the implementation of the elderly health care activities, resulting in greater access to services for the elderly.
- e) The integration of care for the elderly in the community was created by 4 major organizations in the area, consisting of Sub-district Administrative Organization, local organizations, village headmen, Sub-district Health Promoting Hospital and the public sector working for the well-being of the elderly.

Discussion

Most of the population in Wang Tha Di sub-district is the elderly. There is also an increasing number of the elderly. Most of them are also ill with chronic diseases and lack of care. The elderly health care activities / projects are designed in consistent with the principles of chronic disease care and health promotion activities, focusing on building good relationships with each other among the elderly, the Sub-district Administrative Organization officers and the Sub-district Health Promoting Hospital officers rely on adapting collaborative approach. So, the elderly health care activities / projects can respond to the needs of the community very well (Nuntaboot & Hengboonyaphan, 2017). In this regard, two main issues can be found in the discussion of the study results of the elderly health care process by community participation as follows.

The approaches to build participation and the outcomes of participation building. It was found that participation in the elderly health care activities / projects was built through the process of obtaining and using social capital, both within and outside the community, studying the problems and the needs of the community, designing community health care and developing agreements or policies at the area level. All people in the community with public mind were allowed to participate in the operations. Cooperation and support, the most important thing, were also gained from the people in the community. The activities focused on responding to the needs of the community and aimed to develop self-care potential of the elderly together with strengthening, reinforcing and creating the environment conducive to the activities. This was consistent with the study conducted by Buawichaisin (2019) and Rutchaneevipa (2015), which found that the elderly health care by community participation in Mukdahan Hospital area consisted of the following processes. (1) Nonstop health care: The community does not stop taking care of health. It is the continuity of operations and health care of both community health network partners in the community and the elderly participating in activities according to the plan; (2) Action plan of community health care: It is to follow the community health care plan. The elderly people see the importance of self-care and cooperate in doing activities in the community. As a result, the operations achieve the goals; (3) Participation of health network: It is the participation of community health network partners, consisting of community leaders, village health volunteers, elderly health care volunteers, Mukdahan Municipality, public health officers, temples and schools, cooperating in all stages of the elderly health care process, starting from finding out the problems, preparing the plans, implementing the plans and monitoring the operations; (4) Observation and assessment: It is to observe and evaluate the activities of the elderly care process by community participation in order to develop the elderly care activities according to the elderly health plans / projects in the community.

The development will be successful and sustainable, and there must be a transfer of power to the people so that the people in the community can participate in all operational processes in order to gain understanding, access, and systems that facilitate operations. In this study, support was also gained

from the Chief Executive of Sub-district Administrative Organization with the intention of developing the elderly care activities / programs. This was consistent with Jaranya (2015), stating that for community development, a core process of action and management is required. Also the administrators must recognize the importance and have intention to care for the health of the elderly. At Wang Tha Di Sub-District, the Chief Executive of Sub-district Administrative Organization recognized the importance of the elderly health care, so he supported for budget, participated in activities and facilitated various activities. As a result, the elderly had stronger physical health and their mental health also improved. The health service system changed from the passive to the proactive one, focusing on health promotion rather than treatment. Older people got together, resulting in the establishment of a strong elderly club. There was an increasing number of the elderly joining the elderly club and they also participated in the activities of the Elderly School more. Health care staff can organize caring activities for the elderly with chronic illnesses through the implementation of activities / programs for the elderly, so the elderly can access to the services more (Paiboon & Yuvadee, 2014).

The community health care process focused on studying the community using the principles of community-based health care (Tapasri et al., 2017; Nilubon 2015) emphasizing the assessment of the community potential and the problems and the needs of the community in order to understand the roles and duties of all stakeholders, resulting in designing the activities consistent with the lifestyle and the context of the community. It was the area-based design (Penchan, 2014). The problem solving was based on the context of the people involved in their roles, responsibilities and conditions until they formed mutual agreements or rules in working. The important issues in the community health care process included investigating the needs of the members, developing the potential of the members, creating a sense of belonging, assessing the activities in order to be line with the community development action plan and the allocation of resources (Narin, 2014; Vilai, 2017).

Conclusions

The continuous and sustainable elderly health care process requires the participation of people in the community at 2 levels. The policy level at the village level, the community level and the network level: In addition to focusing on continuous and sustainable operations by pushing the operations into the sub-district development plan and the provisions of the local government organization, the 4major organizations in the area, namely the local government organizations, the village headmen, Sub-district Health Promoting Hospital and the public sector must find out and use social capital both within and outside the community. The activities must be designed to meet the needs of the community, and integrated with local wisdom. Moreover, the development process of agreements and rules, the policies at the local level, the use of effective communication to draw conclusions and to

obtain the outcomes of the elderly health care activities / projects are also required. Then, the operational level at the individual level and the family level: It should focus on further development promoting people in the community to have self-care potential and be able to deal with their own problems and illnesses through the elderly health care activities in the community in accordance with the lifestyle and culture of the area. The participation can be built by a variety of activities. Various target groups should be linked to participate in the elderly health care process by community participation. Planning for implementation, monitoring, evaluation and improvement for sustainable development is also required. It's also will be integrated in the future study.

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